

CGB-CC-0550

Received & Inspected

Commission's Secretary
Office of the Secretary
Federal Communications Commission
Attention: CGB Room 3-B431.
445 12th Street, SW, Washington, DC 20554

JUN 27 2006

FCC Mail Room

Dear Commission's Secretary:

I am seeking an exemption from closed captioning my TV program due to the fact that closed captioning would create an undue burden (found at Section 79.1(f). I produce a faith-based half-hour weekly program, "The Valley Gold Show" which my husband and I pay for. We've had occasional sponsors who've contributed anywhere from fifty dollars to a few hundred dollars, (all totaling less than five thousand dollars a year) but nothing significant and regular. Local businesses have provided trades with us, such as gift basket or make-up assistance in exchange for a credit on the show, but we (my husband and I) pay for our space rental, our air-time and everything else to produce the show from his income as a sign-painter. We are self-employed with an annual net income of less than fifty thousand dollars (\$50,000.00) per year. **We do not ask for donations, nor do we receive any donations from anyone.** Producing this show is a tremendous sacrifice for my family, but we are committed to it because we believe it offers encouragement and inspiration to people. We are not a church and I am not a minister so we do not have some other organization supporting us. I produce, host, and edit the show myself. I do not have any employees or staff simply because I do not have the funds to pay anyone. I have four volunteers who help me for a couple of hours per month. I do not have any other source of income, so closed-captioning would definitely create an undue burden. To out-source the Closed-Captioning for my weekly TV program would cost approximately \$700.00 per week / \$36,400.00 per year. To perform the closed-captioning internally would cost approximately \$14,000 for the equipment and software – and that figure does not include any new interfacing, computer and/or disc drive space and compatibility issues we might incur in the process of setting it up. Furthermore, I would need to hire a full-time person to perform that operation, all of which is cost prohibitive.

Please find attached a copy of my income tax return for 2005. I have blocked out my private information since I understand that your office makes this information public.

Thank you,

Deborah Benton

AFFIDAVIT

I affirm that all of my statements are true to the best of my knowledge.

Deborah Benton

June 20, 2006



ALEX W. MORRIS
Notary Public, State of Ohio
My Commission Expires
November 20, 2010

Alex W. Morris
ALEX W. MORRIS

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2005

(99) IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)Use the
IRS label.
Otherwise,
please print
or type.Presidential
Election
Campaign

For the year Jan 1 - Dec 31, 2005, or other tax year beginning , 2005, ending , 20		OMB No. 1545-0074
Your first name LAMARR	MI Last name BENTON	Your social security number [REDACTED]
If a joint return, spouse's first name DEBORAH	MI Last name M BENTON	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 231 GRANADA AVENUE		Apartment no.
City, town or post office. If you have a foreign address, see instructions. YOUNGSTOWN		State ZIP code OH 44504
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) <input type="checkbox"/> You <input type="checkbox"/> Spouse		You must enter your social security number(s) above. ▲
		Checking a box below will not change your tax or refund.

Filing Status

Check only
one box.

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name here . . . ▶
- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . . ▶
- 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than
four dependents,
see instructions.

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b	2
b <input checked="" type="checkbox"/> Spouse	No. of children on 6c who:	
c Dependents:		
(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you
[REDACTED]	[REDACTED]	[REDACTED]
d Total number of exemptions claimed		3

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and 1099-R
if tax was withheld.If you did not
get a W-2,
see instructions.Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a Taxable interest. Attach Schedule B if required	8a	49.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified divs (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	9,988.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	10,037.
23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	706.
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	2,688.
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction (see instructions)	34	4,000.
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35	36	7,394.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	2,643.

Adjusted
Gross
Income

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	2,643.
39a	Check <input type="checkbox"/> You were born before January 2, 1941, if: <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,000.
41	Subtract line 40 from line 38	41	-7,357.
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	9,600.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	0.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see instructions). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	0.
58	Self-employment tax. Attach Schedule SE	58	1,411.
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57-62. This is your total tax	63	1,411.
64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	2,662.
b	Nontaxable combat pay election ▶ 66b <input type="checkbox"/>		
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see instructions)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	2,662.
72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	1,251.
73a	Amount of line 72 you want refunded to you	73a	1,251.
b	Routing number XXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXX		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	
75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions	75	
76	Estimated tax penalty (see instructions)	76	

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

Amount You Owe**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		SIGN ARTIST	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		VIDEOGRAPHER	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) address, and ZIP code	Self-Prepared		EIN
		Phone no.	

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2005

Attachment
Sequence No. **09**

Name of proprietor

LAMARR BENTON

Social security number (SSN)

[REDACTED]

A Principal business or profession, including product or service (see instructions)

SIGN PAINTING

B Enter code from instructions

► 999999

C Business name. If no separate business name, leave blank.

BENTON WOOD CLASSICS & SIGN PAINTING

D Employer ID number (EIN), if any

[REDACTED]

E Business address (including suite or room no.) ► **231 GRANADA AVENUE**

City, town or post office, state, and ZIP code
YOUNGSTOWN, OH 44504

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you 'materially participate' in the operation of this business during 2005? If 'No,' see instructions for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 2005, check here

Part I **Income**

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here.	<input type="checkbox"/>	1	51,475.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	51,475.
4	Cost of goods sold (from line 42 on page 2)		4	
5	Gross profit. Subtract line 4 from line 3		5	51,475.
6	Other income, including Federal and state gasoline or fuel tax credit or refund		6	
7	Gross income. Add lines 5 and 6		7	51,475.

Part II **Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	9,887.	18	Office expense	18	309.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	1,758.	a	Vehicles, machinery, and equipment	20a	234.
12	Depletion	12		b	Other business property	20b	3,957.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	3,190.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	16,267.
15	Insurance (other than health)	15	504.	23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc)	16a		a	Travel	24a	265.
b	Other	16b	1,013.	b	Deductible meals and entertainment	24b	73.
17	Legal & professional services	17	674.	25	Utilities	25	2,594.
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns			26	Wages (less employment credits)	26	
29	Tentative profit (loss). Subtract line 28 from line 7			27	Other expenses (from line 48 on page 2)	27	762.
30	Expenses for business use of your home. Attach Form 8829			28		28	41,487.
31	Net profit or (loss). Subtract line 30 from line 29.			29		29	9,988.
	• If a profit, enter on Form 1040, line 12 , and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.			30		30	
	• If a loss, you must go to line 32.			31		31	9,988.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on **Form 1040, line 12**, and also on **Schedule SE, line 2** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

32a ☐ All investment is at risk.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see **Form 1040** instructions.

Schedule **C** (Form 1040) 2005

33	Method(s) used to value closing inventory:	a	<input type="checkbox"/> Cost	b	<input type="checkbox"/> Lower of cost or market	c	<input type="checkbox"/> Other (attach explanation)
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34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If 'Yes,' attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation. 35

36	Purchases less cost of items withdrawn for personal use	36
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37	Cost of labor. Do not include any amounts paid to yourself.....	37
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38	Materials and supplies	38
-----------	-------------------------------------	-----------

39	Other costs	39
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40	Add lines 35 through 39.....	40
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41	Inventory at end of year	41
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42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 **42**

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ .

44 Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:

a Business	b Commuting	c Other

45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ☐ Yes ☐ No

Part V	Other Expenses. List below business expenses not included on lines 8-26 or line 30.
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REDACTED BANK	553.
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SECRET BANK SECRET	209.
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48	Total other expenses. Enter here and on page 1, line 27	48	762.
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